

## ISSUE SLIP STAPLE AREA (for additional cross references)

JCS/1A

JCS

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         | MRS/     |         | 5-30-01  |
| O.I.P.E. CLASSIFIER       | M        | JCS/705 | 07/09/01 |
| FORMALITY REVIEW          | KO       |         |          |
| RESPONSE FORMALITY REVIEW | A-T      | 1071    | 03/05/02 |

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 + Restricted O Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1 ✓ ✓    |      |
| 2 ✓ ✓    |      |
| 3 ✓ ✓    |      |
| 4 ✓ ✓    |      |
| 5 ✓ ✓    |      |
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| 19 ✓ N   |      |
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| 33 ✓ N   |      |
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| Claim    | Date |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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